



CITY OF NEW CARROLLTON

Application For A Mobile Vendor License

Fees: \$200.00 Per License. ALL FEES MUST BE PAID BY A MONEY ORDER OR CASHIERS CHECK.

Applicant(s) must have a valid "Driver's License", which will be photo copied.

Vehicle(s) must have a "Current Registration", which will be photo copied.

Applicant(s) must have a "Current Prince George's County Mobile Vendor License", which will be photo copied.

Vehicle(s) must have a current "Prince George's County Health Permit", which will be photo copied.

SECTION A

NAME: _____

PERMANENT ADDRESS: _____

LOCAL AREA ADDRESS: _____

HOME PHONE NO.: _____ CELL PHONE NO.: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

NAME AND ADDRESS OF EMPLOYER (If Applicable) _____

SECTION B

NATURE OF GOODS: _____

Limited to pre-prepared and pre-wrapped ice cream, ice cream products, or other frozen novelties, fresh fruit, sealed single serving beverage containers or soft drinks, juice, or other nonalcoholic beverages sold from a motor vehicle operating with a national sanitation foundation approved cold plate freezer system temporarily stopped in the right-of-way.

SECTION C

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OR ENTERED A PLEA OF NOLO CONTENDERE?

YES _____ NO _____

IF YOU ANSWERED "YES" TO QUESTION PROVIDE THE FOLLOWING:

NATURE OF OFFENSE(S): _____

WHEN & WHERE CONVICTED: _____

PENALTY OR PUNISHMENT(S): _____

SECTION D

REFERENCES:

PROVIDE THE NAMES AND ADDRESSES OF TWO (2) REFERENCES UNRELATED TO YOU, WHO WILL CERTIFY AS TO YOUR CHARACTER AND BUSINESS RESPONSIBILITY:

1) Name: _____ Phone No. _____

Address: _____

2) Name: _____ Phone No. _____

Address: _____

DESIGNATED AGENT:

PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF A RESIDENT OF PRINCE GEORGE'S COUNTY, MARYLAND DESIGNATED BY YOU AS BEING AUTHORIZED TO ACCEPT ALL LAWFUL PROCESSES IN ANY ACTION OR PROCEEDING INSTITUTED, FILED OR PENDING AGAINST YOU WITH RESPECT TO ANY OF THE PROVISIONS OF SUBTITLE 5, DIVISION 12, OF THE PRINCE GEORGE'S COUNTY CODE:

NAME: _____ PHONE NO.: _____

ADDRESS: _____

SECTION E

NOTARY:

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, IN THE PRESENCE OF A NOTARY PUBLIC, THAT THE MATTERS AND FACTS SET FORTH IN THIS APPLICATION ARE TRUE TO THE BEST OF MY BELIEF, INFORMATION AND KNOWLEDGE.

SWORN TO BEFORE ME THIS _____ DAY OF _____, 200

MY COMMISSION EXPIRES: _____ NOTARY: _____